FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State
06-06-2003 90044 008 ***150.00

DOCUMENT # P01000024679

1. Entity Name
A & D Master's Concrete finish INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
38 miami Gardens Rd	7338 s.w. 63 AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale FL	City & State: Sout miami
Zip: 33023 Country: Broward	Zip: 33143 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1085171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alberto Martinez

Street Address (P.O. Box Number is Not Acceptable)

38 miami Gardens Rd.

City: Hallandale FL Zip Code: 33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.D NAME Alberto Martinez STREET ADDRESS 38 miami Gardens Rd CITY-ST-ZIP Hallandale Fl 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD. NAME Doel Martinez STREET ADDRESS 7338 s.w. 63 AV. CITY-ST-ZIP S. Miami Fl 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alberto Martinez 4/18/02 (305)761-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #